

Health Department City of Baltimore.

Permit No.

A 581

Office of Registrar of Vital Statistics.

Ward

The Physician who attended any person in his last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

June 21. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Louisa Gau

Female

Sex, Male or Female, { Cross out the word not required in this line. }

Age,

Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Single

Occupation,

Maternity

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Life

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Annen &amp; Leibeli Hospital

Cause of Death, { First (Primary),

Debility

Heat —

Second (Immediate),

Work

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fowden Park

Date of Burial, June 24

6.7. Brown

M. D.

{ Undertaker, C. H. Blizzard

Medical Attendant.

{ Place of Business, 1139 Pennsylvania } Address,

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. A 582 Office of Registrar of Vital Statistics. Ward (S)

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death,

June 23<sup>rd</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Annie Bauer

Sex, Male or Female, { Cross out the word not required in this line. }

Age, / Years, 9 Months, Days.

Color, white

Married, Single, Widower or Widowess { Cross out the words not required in this line. }

Occupation,

Balto. City

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, since born

Place of Death, { Give Street and Number. } 1601 Bethel Court

Cause of Death, { First (Primary), Second (Immediate), }

Scarlatina

Duration of Last Sickness,

4 days

All the above information should be furnished by the Physician.

Place of Burial, Holy Redeemer

Date of Burial, June 24<sup>th</sup>

Undertaker, J. Dippel

Place of Business, 330 P Bond Address, 1727 E Balto st

M. D. Medical Attendant.

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. A 583 Office of Registrar of Vital Statistics. Ward 10

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 24<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Mr. Albert Fields

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years, 6 Months, 17 Days

Color, Coloured

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City, Md

Duration of Residence in the City of Baltimore, all his life

Place of Death, { Give Street and Number. } 202 Jules Alley

Cause of Death, { First (Primary), Whooping Cough, Teething, & Vaccination  
Second (Immediate), Malaria. } ✓

Duration of Last Sickness, 4 months

All the above information should be furnished by the Physician.

Place of Burial, General Cemetery

Date of Burial, June 24<sup>th</sup> 1887 J. C. Kummer M. D.

{ Undertaker, Wm. J. Gray

Medical Attendant.

Place of Business, 202 Madison

Address, 312 Franklin St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[OVER.]

The Special Attention of Physicians is Respectfully invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A. 584 Office of Registration of Vital Statistics. Ward

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

June 23 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Hannah E. Barnes

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 1 Years,

Months,

Days.

Color,

colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore

Duration of Residence in the City of Baltimore,

Lifetime

Place of Death, { Give Street and Number. }

1748 Orleans St

Cause of Death, { First (Primary),  
Second (Immediate), }

Cholera Infantum

~~4 hours~~

Duration of Last Sickness,

14 hours

All the above information should be furnished by the Physician.

Place of Burial, Sharp St. Barn.

Date of Burial, June 24, 1887

M.D.

Undertaker, Mr. J. H. Hickman.

Medical Attendant.

Place of Business, 2340 W. Gay Address, 403 W. Broadway

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

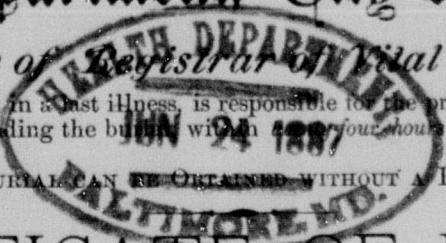
Permit No. A 585

Office of Registrar of Vital Statistics.

Ward 179

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



## CERTIFICATE OF DEATH.

Date of Death, June 23<sup>rd</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Luke Whalen

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 9 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Schoolboy

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Lifetime

Place of Death, { Give Street and Number. } Was accidentally drowned while walking at Winans Corr.

Cause of Death, { First (Primary), Drowning Second (Immediate), Asphyxia }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St. Patrick's

Date of Burial, June 26<sup>th</sup> 1887 Frank J. Flannery M. D.

{ Undertaker, C. P. Mause &amp; Son }

Coroner

{ Place of Business, 703 Yorkover }

Address, 1701 Dr. Hill Ave.

Residence  
129 Houghes Stk

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

# Health Department, City of Baltimore.

Permit No. A 586

Office of Registrar of Vital Statistics.

Ward 15<sup>th</sup>

The Physician who attended any person in sickness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 24 1887

BALTIMORE MD.

## CERTIFICATE OF DEATH. C

Date of Death,

June 24

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Eglaester defied

Sex, Male or Female, { Cross out the word not required in this line. }

Age, Years, 4 Months, 4 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

B. city

Duration of Residence in the City of Baltimore.

6 - 8

Place of Death, { Give Street and Number. }

48 E. Henrietta St  
Cholera. Difused.  
Spouse

Cause of Death, { First (Primary),

3 days

Second (Immediate),

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, St Peters

Date of Burial, June 25<sup>th</sup>

R. P. Eller

M. D.

{ Undertaker, G. F. Transon

Medical Attendant.

{ Place of Business, 713 Hanover Address, Elst Liff

### Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The special attention of Physicians is respectfully invited to the following, and to list of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 587

Office of Registrar of Vital Statistics.

Ward 20

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

JUN 24 1887

## CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Ebenezer Co Hawland

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 68 -- Years, 6 Months, 9 Days.

Color, White :

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Builder

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Litchfield Conn Natives

Duration of Residence in the City of Baltimore, 6 years

Place of Death, { Give Street and Number. } 1514 Harlem Ave.

Cause of Death, { First (Primary), Heart disease  
Second (Immediate), "

Duration of Last Sickness, 7 weeks.

All the above information should be furnished by the Physician.

Place of Burial, Friends Burying Ground (Harford Road)

Date of Burial, June 25/87

Undertaker, Wm Weaver Edward Loudon M. D.

Place of Business, 738 N. Eutaw Address, 1122 N. Mount St

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

## Board of Health, City of Baltimore,

Permit No. A 588

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 23<sup>d</sup>

Full Name of Deceased, { Write legibly and spell correctly. If an infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. }

Age, \_\_\_\_\_ Years,

8 Months,

Days.

Color, cold

Sex,

✓

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birthplace, { State or country (and how long in the United States, if of foreign birth). }

new no 315 Chestnut &amp; door 8t of Gay St

Duration of Residence in the City of Baltimore.

Place of Death, { Give street and number. }

315 Chestnut 8t New no

Cause of Death, { First (Primary,) Measles  
Second (Immediate,) Cholera morbus }

Duration of Last Sickness,

2 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Richd Sappleton

M.D.

Date of Burial, June 24-1887

Medical Attendant.

{ Undertaker,

monadar

{ Place of Business, 46 East St

Address New no 330 St Gay 8t

*Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.*

SECTION 2. And it be further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other person or persons superintending the burial, a Certificate setting forth, as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER]

# Health Department, City of Baltimore.

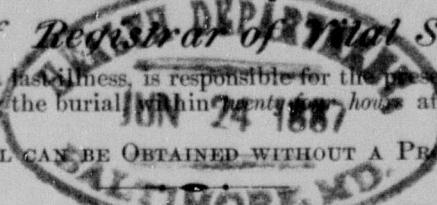
Permit No. A 589

Office of Registrar of Vital Statistics.

Ward 7 1/2

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NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

## CERTIFICATE OF DEATH.

Date of Death,

Date 24th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

August H. Stirl

Sex, Male or Female, { Cross out the word not required in this line. }

Male

Age, 28 Years,

10 Months,

73 Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Married

Occupation,

Blacksmith

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Herronery

Duration of Residence in the City of Baltimore,

2 years

Place of Death, { Give Street and Number. }

1303 McDowell St  
Consumption (Pulmonary)

Cause of Death, { First (Primary),

Malaria

Second (Immediate),

Duration of Last Sickness,

Recent &amp; very distinctly

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Wedderburn

M. D.

Date of Burial, June 26th

Undertaker, Geo Schilling

Medical Attendant.

Place of Business, Ashland Yuan

Geo Schilling 1887

**Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.**

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[OVER.]

# Health Department, City of Baltimore.

Permit No. A

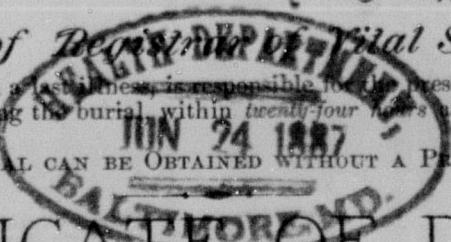
590

Office of Registration and Vital Statistics.

Ward 11<sup>o</sup>

The Physician who attended any person in his sickness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

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## CERTIFICATE OF DEATH.

Date of Death,

June 23<sup>rd</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Cornelia Simpson

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 38 Years,

Months,

Days.

Color, Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Cambridge Md

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } Buddle Alley # 551

Cause of Death, { First (Primary), Second (Immediate), }

Disease of the heart-

Death Sudden

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Sharp's Cemetery

Date of Burial, June 24 1887

Undertaker, Hercules Ross

Place of Business, 444 Cornhill Address,

L C Sparrow

M. D.

Medical Attendant

Coroner

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

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[over.]